

**HEALTH AND WELLBEING BOARD  
6 JUNE 2023  
2.00 - 4.00 PM**



**Present:**

Nicola Airey, NHS Frimley ICB  
Philip Bell, Involve  
Alex Gild, Berkshire Healthcare NHS Foundation Trust  
Susan Halliwell, Bracknell Forest Council (Chief Executive)  
Andrew Hunter, Bracknell Forest Council (Place, Planning and Regeneration)  
Councillor Michael Karim, Bracknell Forest Council  
Tessa Lindfield, Director of Public Health - East Berkshire  
Melanie O'Rourke, Bracknell Forest Council (Adult Social Care)  
Dave Phillips, Bracknell Forest Safeguarding Board  
Grainne Siggins, Bracknell Forest Council (People)  
Heema Shukla, Bracknell Forest Council (Public Health)  
Fidelma Tinneney, Berkshire Care Association  
Councillor Megan Wright, Bracknell Forest Council

**Apologies for absence were received from:**

David Radbourne, NHSE

**Also Present:**

Gabriel Agboado, Public Health  
Tanvi Barreto, Public Health  
Katherine Davies, Public Health  
Louise Duffy, Public Health  
Sarah Van Heerde, Bracknell Forest Council (Commissioning)

**1. Election of Chair**

**RESOLVED** that Cllr Megan Wright be elected chair of the Board for the 2023/24 municipal year.

**2. Appointment of Vice-Chair**

**RESOLVED** that Nicola Airey be appointed vice chair for the 2023/24 municipal year.

**3. Declarations of Interest**

There were no declarations of interest.

**4. Urgent Items of Business**

There were no urgent items of business.

**5. Minutes from Previous Meeting**

The minutes of the meeting held on 21 February 2023 were approved as a correct record.

## 6. **Matters Arising**

There were no matters arising.

## 7. **Public Participation**

No petitions had been received, nor had anyone indicated a wish to put a question to the Board.

## 8. **Health and Wellbeing Strategy Performance Dashboard**

The Board received delivery updates on the Health and Wellbeing Strategy, agreed by the previous board. A recap was provided by Heema Shukla on the Strategy and the six priorities with five being the key outcomes for the health of the population.

These were:

1. Support for physical and emotional health for children
2. Promotion of mental health
3. Reducing social isolation
4. Keeping residents safe from infection and learning from Covid-19
5. Years lived with good health.

In terms of delivery, the statutory responsibility sat with the Health and Wellbeing Board. There were various forums and committees that had a remit for the biggest priority groups. These included the Children and Young People's Partnership Board which linked with priority one. The Children and Young People's Early Wellbeing and Mental Health Forum, the Children and Young People's Emotional, Wellbeing and Mental Health Forum, the Mental Health Delivery Group which sat with priority two. The Ageing Well Forum linked to priority three. The Health Protection Forum linked to priority four. The Living Well Board and CVD Prevention Group linked with priority five.

The dashboard on process milestones and outputs was presented. Indicators would be measured on a short- and long-term basis. This was shared so that the board could discuss and agree the approach. The following points were noted:

- Was it appropriate to have oversight in a forum that wasn't Bracknell Forest centric. The question was asked was it appropriate to have the Integrated Care System (ICS) as part of the governance structure. It was outlined that whilst a lot of work took place in Bracknell Forest it was also aligned to the ICS strategy and a lot of learning and sharing took place from the ICS boards.
- The lack of the Place Committee's role in the oversight and governance was raised. This was agreed to be added.
- The use of quantitative data in year one was challenged, and it was proposed that this would fail to highlight trends.
- The purpose of the board was also to share good practice and focus on areas of excellence. A suggestion was made that the role of the board and level of detail required should be discussed further.
- The board needed a high-level picture and indicators, qualitative data would provide greater understanding for issues that were being looked at.
- Establish a small task and finish group to look at what needed to be reported so that information remained the same at each board.

***ACTION to put this in place before the next meeting – Heema Shukla***

Development of a simple streamlined visual of the activities that fed into the Health and Wellbeing Board was agreed due to multiple agencies, projects and activities.

This could also lead to resetting the direction of the Health and Wellbeing Board.  
***ACTION Heema Shukla, Grainne Siggins and Nicola Airey to discuss this further.***

Project leads presented updates as follows:

### **The community asset map project**

Katherine Davies presented the Board with slides that gave an overview of the community asset map project which sat under priority three. Aims of the project were to renew and re-launch a new asset map, provide training for frontline professionals and increase awareness amongst the community. Actions completed included:

- Review of current asset map
- Engagement with users. This identified difficulty when searching for an activity and issues with the useability of google maps.
- Engagement with stakeholders including social prescribers and link workers, community centres, family information service and some voluntary sector through a task and finish group to support development and re-launch.
- Developed a support offer for local community groups which was ongoing.
- Delivered frontline training to professionals.

The new map, called common place, was re-launched in November 2022. It was more user friendly, features included new icons and spidering, filtering and search option. Information could be directly sent to clients via email and assets could contribute directly to the map through the website. The launch was supported with re-branding and was now called 'My Community Map'. New leaflets, posters and social media assets had been developed which linked to the social prescribing service.

The site was the best performing on the common place platform with 3,513 visitors since its launch, 399 assets across the 6 categories with 62 added since the launch, 162 subscribers to the newsfeed and 20 groups contributed to the map.

An update on training sessions detailed that 23 sessions had been delivered and a total of 211 professionals had been trained including 128 Council staff, 15 NHS staff and 92 from voluntary and community organisations.

The asset map had been promoted with residents and community groups. Two focus groups were held to understand the challenges following Covid. Key messages were that many groups had lost members who had not returned after Covid. They would like help to promote and network with other groups. As an outcome, a bi-monthly newsletter was set up to promote venues, funding applications and volunteering and training events.

Next steps included:

- Production of a gap analysis report on children and young people's activities and expansion of this section especially for 5 to 18 year-olds.
- Re-launch the community kiosks back into the community.
- Continued delivery of training to frontline professionals.

The board asked if there was a next stage to the project. The biggest challenge was keeping information up to date which was addressed by building strong relationships with the community. A comment was made about promoting the map through the

adult social care system, linking it with groups within the community and utilising it for early intervention.

### **Self-harm workforce project**

Katherine Davies presented the Board with slides which covered the following points:

- Self-harm was common among adolescents.
- New NICE guidelines, published in September 2022, had for the first-time published advice for education.
- There was limited attention to understanding self-harm collectively and owning a solution that was responsive to local needs was required.
- The project was commissioned in December 2022 alongside Oxford Academic Health Science Network and aimed to develop a holistic and place-based approach to better understand self-harm with a focus on early intervention.
- The project included an oversight group including – CAMHS, Public Health, Education, Safeguarding, Frimley ICB.
- The project included 6 key elements:
  - Launch webinar – this was a place to share insights and information and provided learning opportunities for professionals
  - A workforce survey - gained deeper understanding of professional's knowledge and understanding of self-harm.
  - Reflective sessions – delivered to the Children and Young People's workforce to develop shared understanding of self-harm, network and promote knowledge equity
  - Understanding existing data,
  - NICE guidelines review helped evaluate current practice in line with national recommendations
  - As part of next steps, a review of grey literature/resources/services would develop a local picture of training, guidance and services and resources relating to self-harm. This would support an understanding of what exists and its impacts.
- The final report was due by the end of July 2023. Learning and insight would inform the co-design of a holistic and place-based response to self-harm. Aims would be to:
  - Build knowledge and understanding of self-harm within the Children and Young People's workforce.
  - Develop confidence for professionals/volunteers around how to best provide support.
  - Help young people who self-harm to access appropriate support and information.

The Board asked how measurement of the impact of the work would take place. This had been discussed with the academic science network and would be considered in their reports.

A point was raised about the importance of monitoring self-harm rates to allow comparison of trajectory to other places. Data alone wouldn't provide a clear view of trajectory; it would need to be supported with ongoing feedback from frontline practitioners regarding the usefulness of upskilling and ongoing training.

### **Let's Face It! Mental health awareness training**

The board was shown slides by Louise Duffy around this training which looked at a universal approach to mental health and covered mental health promotion, prevention

of mental health problems and suicide, reducing premature mortality and supporting recovery of people living with mental health problems. The following points were made:

- Mental health needs post covid-19 had increased.
- Aims were to equip frontline professionals and volunteers with knowledge and skills around mental health.
- Training was designed to relate to local needs and services including information about the local support and services within Bracknell Forest.
- Aims were around understanding mental health and helping people to look after their own mental health, recognising common difficulties and reducing stigma around mental health and enabling people to feel equipped to have brief and informed conversation around mental health and provide signposting to relevant support.
- Training was delivered to a total of 64 participants over 10 half day sessions (8 virtually and 2 face to face) between September 2022 and February 2023.
- Participants came from a mix of organisations from within and outside the Council.
- Training was developed by Reading University and delivered by trained mental health professionals.
- Pre and post training evaluation took place focusing on knowledge, confidence to talk to someone in distress and ability to signpost to services/further support. Positive outcomes were seen with more mindfulness shown around language which reduced stigma and greater empathy and listening actively were identified.
- 90% felt better able to look after their own health and were able to apply what they learnt to their own practice when working with others.
- Next steps included additional monthly training sessions between June 2023 and December 2023. Dedicated sessions for councillors and parish councils.

The board asked if the scheme could be rolled out to other areas in the community where people could help e.g. retail staff. It was trialled in Fenwick and this was something that they would like to expand to retail and hospitality.

### **Green and active campaign**

A verbal update around this campaign was given to the board by Philip Bell and covered the following:

- The campaign had been running since July 2022 and focussed on looking at volunteering activities and the value of volunteering in green spaces.
- It was seen as an opportunity to bring a coordinated response to enhance wellbeing whilst supporting a green initiative.
- Rangers hosted volunteering activities twice a week - during the week and the weekend.
- The campaign worked closely with Stepping Stones recovery college, the social prescribing team to help people who struggle to engage in volunteering or even to be outside.
- One to one mentoring had taken place to engage with residents who struggle in group settings.
- The campaign was working with 14 corporate organisations across Bracknell Forest and was supporting the wellbeing of their workforce through actively encouraging them to engage with the programme.
- There was also a focus on residents with specific needs. This was highlighted by the provision of work experience to refugee residents, aged 16 and 17, whose

language barrier prevented a mainstream work experience placement. Feedback from this was very positive.

- The campaign looked at ways to work with charities to add greater value to the work of green and active. They were also engaged with two schools, LVS in Ascot and Owlsmoor Primary School and the Duke of Edinburgh award.

### **Survey to Understand the impacts of COVID – 19 on residents of Bracknell Forest**

Gabriel Agboado presented slides to the board covering the following points:

- This work linked to Priority 4 - keeping residents safe from infectious disease and addressing the long-term impacts of COVID-19.
- The survey was used to understand the impact of Covid 19 on residents of Bracknell Forest.
- The presentation showed information from interim reports with the full analysis expected in June 2023.
- The survey was conducted with a sample size of 1,800 residents and was representative of ward, gender, age and ethnicity.
- Highlights of findings showed the impact of Covid-19 in general was negative for children and young people.
- For children aged 0-4, social skills, relationships and speech and language development were impacted negatively.
- A positive impact of vaccination was seen and residents were more likely to take up vaccination for flu and other childhood immunisation but 32% were also more cautious. Implications were seen in relation to a vaccination drive.
- A positive aspect was seen around overall changing behaviour and residents were spending more time outside, exercising more, and reduction of alcohol consumption.
- There was a significant increase in use of digital media which was more pronounced in young, non-white British and female residents.
- Changes in travel were identified with greener options more prevalent, specifically cycling and buses.
- The impact on members in care homes was noted with an impact on mental and physical health and isolation.

Next steps included looking at data in more detail once the full report was received. Discussions would take place regarding how to mitigate the impacts of the pandemic. Awareness would be raised around general prevention of infectious diseases with focus on educating further the importance of handwashing. Improvement to health and wellbeing communications with residents was proposed. Development of understanding further barriers to vaccination.

The board asked if the results were a surprise or were they similar to other places. It was noted that the survey didn't raise anything new or unexpected but supported what could be done locally. It was agreed that the views on vaccinations were encouraging.

All agreed the importance of future planning around dealing with pandemics and a point raised was about how information from the survey was being used to inform this. It was noted that how people accessed information was a salient point and the use of social media was a prominent source of information. The impact on specific groups was also noted and this information should inform the future to ensure mitigations would be in place to protect them.

A point was raised about whether the more detailed results would allow specific issues with certain geographical locations to be identified. It was confirmed that the data was collected at ward level.

The board agreed that more detailed results would help to reinforce awareness of some issues, specifically around the 0-4 age group and use this to plan for the impact within education to ensure what support was needed. It was agreed that those in education were impacted significantly, and these results could be used to help plan for ways to address this. An observation was made about the collection of lessons learned across departments and a point discussed about whether there was a system that could capture these collectively to help planning for the next pandemic where regional plans could feed into local plans.

With regards to next steps, it was agreed that it would be beneficial for the board to receive an update once the full results of the survey had been received and for Public Health to present a draft plan of collective actions that could take place. This could cover how to plan differently, how to respond to the changing needs of the population because of the pandemic and what generic learning could take place relating to engagement with the community. This approach was agreed.

**ACTION: Heema Shukla**

A point was raised around the longer term impacts that needed to be considered due to the higher rate of support required relating to longer hospital stays and residents needs on discharge. This was pertinent for health budgets due to consequences of the increase of the weekly cost of care homes.

The complex issues of the workforce within adult social care was raised. A point was made around the damage to this sector because of covid and the cost-of-living crisis. It was suggested that it needed to be addressed through education of society and the wider social care workforce to address the complexities within the sector and reduce stigma and blame.

The complexity of the impact of the cost-of-living crisis and the links with impact of Covid-19 was noted.

#### 9. **Better Care Fund - Year End Report**

A brief update was provided by Sarah Van Heerde on the Better Care Fund end of year report, included as an appendix in the agenda. The aim of the end of year report was to provide an indication of what had been achieved within the plan and the outcomes. A value for money assessment at a high level was provided. Work had taken place to review section 75, the formal agreement between the parties.

A question was asked about how a copy of the value for money for Better Care Fund report could be obtained. It was confirmed that this could be shared.

#### 10. **Better Care Fund Plan 2023-25**

The board were given an overview of the Better Care Fund (BCF) Plan by Sarah Van Heerde and Grainne Siggins. It was noted that:

- This was currently in the middle of the planning cycle, developing priorities and setting performance targets. This would consider the complexity of needs and ongoing development of schemes. The approach would be to continue to develop the priorities set towards the end of 2022.

- Agreement was in place to discuss the detailed plan with the Chair of the Health and Wellbeing Board which would need to be agreed before formal submission.
- The Board agreed to delegate the signing of the plan to the Director of Adult and Children's Services (BF Council) and Place Convenor (Frimley ICB)

The board agreed that there was a requirement for the NHS to put a greater minimum contribution into the BCF. There would need to be additional narrative around how this would be used. It was noted that there was a plan outlining this and it was agreed that the Health and Wellbeing Board should be presented with a few bullet points from the plan regarding what the additional investment would buy.

A question was asked about what the national metrics were based on. It was confirmed that the Better Care Fund nationally set these but that there was the opportunity to add metrics if it was felt strongly that these would add value.

An additional metric that the board felt strongly about was discussed. This was around independence and preventing falls and how this was measured and could be improved. This would contribute to measuring the size of the problem in Bracknell Forest and assist putting prevention plans in place. It was identified that there was a need to connect people in the community and support them in the early stages when they were not able to feed themselves because of mobility issues or showing early signs of dementia. An example was given of an authority which trained their refuse collection teams to take note of changes to properties, e.g. unkempt lawn, milk bottles not being collected, that could signify problems being experienced by the occupiers.

#### 11. **Agency Updates**

There were no agency updates.

**CHAIRMAN**